

# Bi-Weekly BDDS Meeting for Case Managers and Providers November 4, 2020



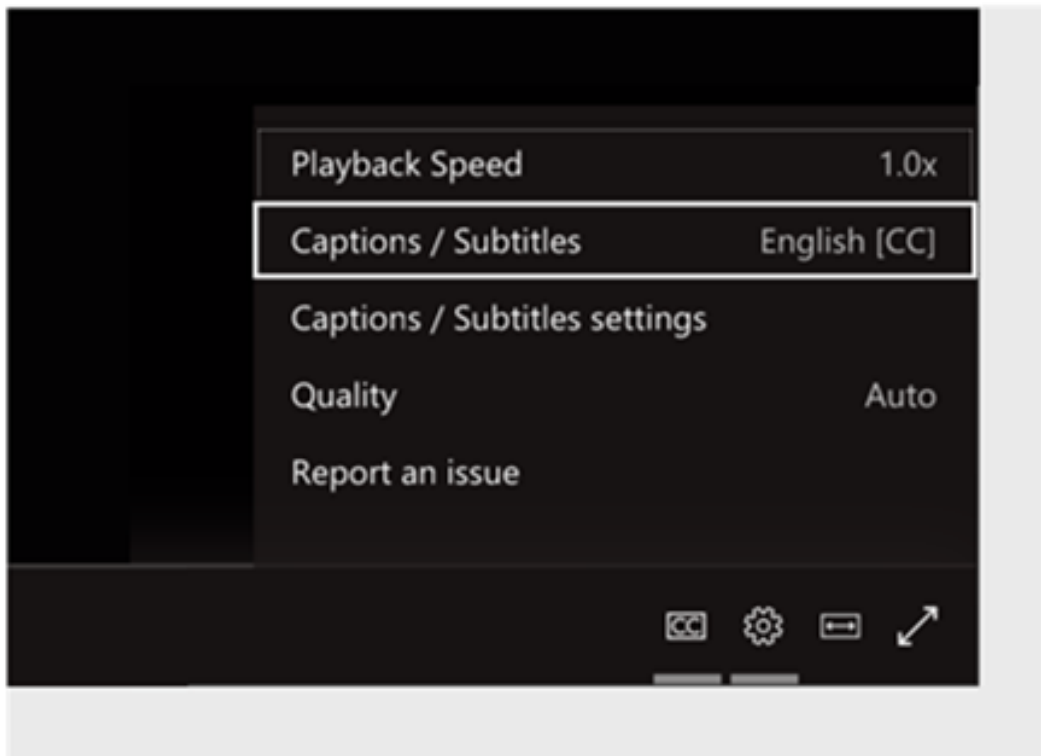
# Before We Get Started...



# How to Use Live Captions

To turn on live captions and subtitles, select **Captions/Subtitles On**  in your video controls.

To change the caption language, select **Settings**  > **Captions / Subtitles**, and choose the language you want.





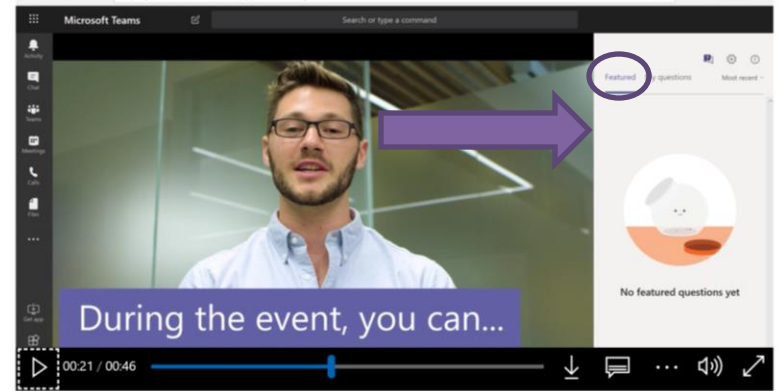
# How to Ask a Question

- 1.) Select Q&A on the right side of the screen
- 2.) Type your question in the compose box, and then select Send.
- 3.) Your question will only be visible to the presenters
- 4.) Questions will be answered as time permits.



# How to Sign-In for Today's Meeting

- 1.) Look for the Q&A box on the right side of the screen.
- 2.) Under the Featured list, look for the link to the sign-in sheet.
- 3.) Select the link, fill-in the form, and click complete.





- Introductions
- DDRS Goals
- COVID-19 Data Update
- Best Practices
- Preparing for the holidays
- Reminders
- Upcoming Webinars



# DDRS Goals for COVID-19 Efforts

**H**elp prevent the spread of COVID-19 and keep people alive

**O**perationalize flexibilities

**P**rovider network maintained

**E**mpower person-centered decision-making for self-advocates, families, case managers, and providers

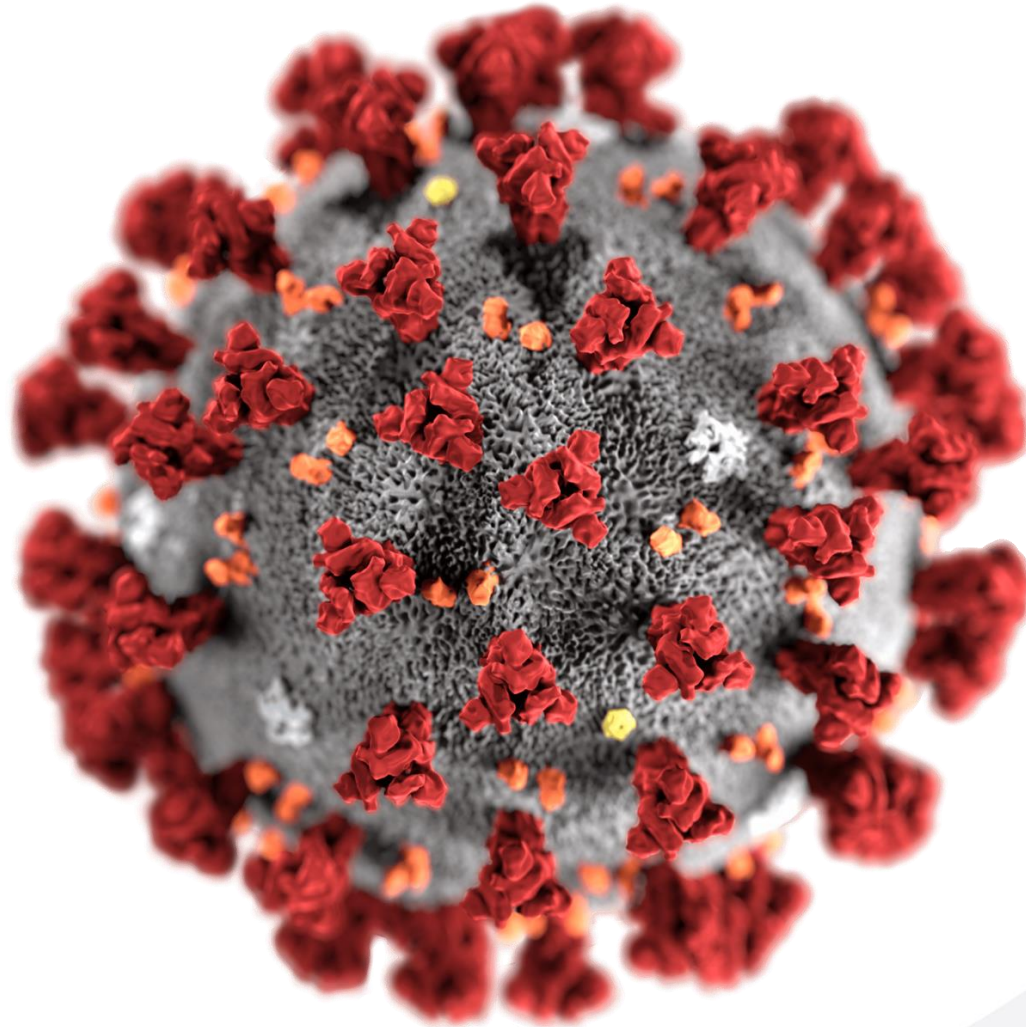


Image by: McChrystal Group & NASDDDS





# COVID-19 Data Update via Tableau





# COVID-19 Data:

## Total Number of BDDS COVID Positive Cases



Total Cases: 851  
Total COVID-Related Deaths: 23



# COVID-19 Data: Prevalence Rates

## Cumulative Positive Case Prevalence Rates

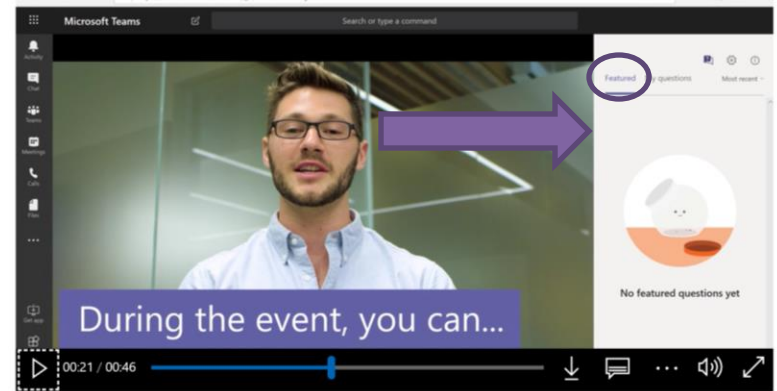
2020	CIH WVR	FS WVR	SGL	Grand Total
Feb/March	4 out of 1000	2 out of 1000	7 out of 1000	3 out of 1000
April/May	109 out of 1000	15 out of 1000	216 out of 1000	59 out of 1000
June/July	260 out of 1000	44 out of 1000	513 out of 1000	144 out of 1000
August/September	292 out of 1000	47 out of 1000	409 out of 1000	133 out of 1000
October	474 out of 1000	90 out of 1000	729 out of 1000	251 out of 1000





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# Best Practices: Public Health Emergency & Beyond

**As we move through the public health emergency and beyond it is important to:**

- **Stay true to our values which include**

- **Dignity**
- **Strength-Based**
- **Informed Choice**
- **Supported Decision Making**
- **Inclusion**
- **Self-Advocacy**
- **Holistic**
- **Person-Centered**



- **Continue to work that ALL people are empowered to live, love, work, learn, play, and pursue their dreams.**



# Best Practices: Reminders & Considerations

- **NO BLANKET RESTRICTIONS** – includes but is not limited to visitors, return to work, return to day programs
- Decisions should be individualized & person centered for **everyone** in BDDS services (SGL& waiver)
- Individuals receiving waiver services are in **their** home thus we should be respectful of their decisions
- Case managers, direct support professionals, therapists, clinicians **are** essential employees
- Teams need to:
  - **COMMUNICATE** – with each other & with other teams when necessary
  - **BE CREATIVE** – find ways to support, empower, and encourage
  - **STAY INFORMED** – on most updated policy and guidance from local health department, DDRS/BDDS, ISDH, Governor Holcomb, and CDC



# Best Practices: Communication

**We all have a responsibility to each other  
to keep the ALL healthy and safe**

- Providers should have a policy in place on communicating to the team when a staff member, individual, housemate or family member who lives in the home have been exposed, tested and received a positive test result.
- That communication should include the action taken to minimize further exposure to **any** essential worker who may be entering the home which includes the staff, therapists and case manager.
- Communication should also include any action taken to minimize exposure to housemates and visitors.
- All team members are ***encouraged to openly communicate*** with each other on a regular basis on symptoms, possible exposures and testing being done or completed.



# Best Practices: Communication

**We all have a responsibility to each other  
to keep the ALL healthy and safe**

Team members, providers, family members, individuals and staff should notify ALL team members when:

- An individual in the home is suspected of having COVID-19 (showing symptoms and/or following quarantine procedures)
- An individual in the home is being tested for COVID-19
- An individual has tested positive for COVID-19

In addition to helping keeping the ALL healthy and safe, it is important for the team to consider if the individual has had a change in condition and whether there is a need to modify their current service array.





# Best Practices: Service Delivery

- All providers are responsible for sharing their COVID related policies and procedures with the individual, family and team
- In planning visits, consider alternating modes of delivery (i.e one virtual, next in person) and using alternative service locations (i.e. the park or front porch as weather permits)
- During the visit, practice social distancing when possible. When appropriate, stay in one area of home and be mindful of the surfaces and objects touched



# Best Practices: Service Delivery

- Other services should only be delivered in day programs or large group settings when warranted to address health and safety concerns or when no other option is available (i.e. case manager should not conduct visits at a day program when a home visit is possible)
- Congregate residential settings should document all team members and visitors who come in and out of the home and the dates present in order to notify them of possible exposure, if an individual or staff in the home is identified as COVID positive or presumed positive.



# Best Practices: Screening Procedures

Before providing in-person services case managers, therapists, behavior support specialists and other appropriate team members should ask the following questions of themselves, the individual, the family and other team members who may be present at the time. If the answer to these questions is yes, the provider should use an alternate service delivery option and/or reschedule the visit

- Have you or anyone in the home had close contact with someone who has tested positive for COVID-19 within the past 14 days?
- Are you or anyone in the home currently ill? Do you or anyone in the home have symptoms of a cold, cough or shortness of breath? Have you or anyone in the home temporarily lost your sense of taste or smell?
- Do you or anyone in the home currently have a fever or have you had fever within the past week?
- Are you or anyone in the home currently awaiting results from a COVID-19 test?
- Are you or anyone in the home being quarantined due to concerns of exposure or infection of COVID-19?



# Best Practices: General Health & Safety

- All providers and provider agencies should follow guidance from the local health department, state and federal authorities including the CDC and ISDH on use of PPE
- Face coverings should be worn and changed between visits, if possible. Cloth face coverings should be laundered regularly
- Gloves are not required but can be considered.
- Effective hand hygiene practices should be followed
- Maintain at least 6 feet distance when possible
- Avoid touching your eyes, nose and mouth
- Cover your coughs and sneezes, dispose of tissues and wash hands/use hand sanitizer immediately
- Clean frequently touched surfaces and objects



# Preparing for the Holidays



Individuals and families may want to come together for the holidays. As teams work together to be individualized, person centered and respectful of the individual and family wishes they should discuss the following:

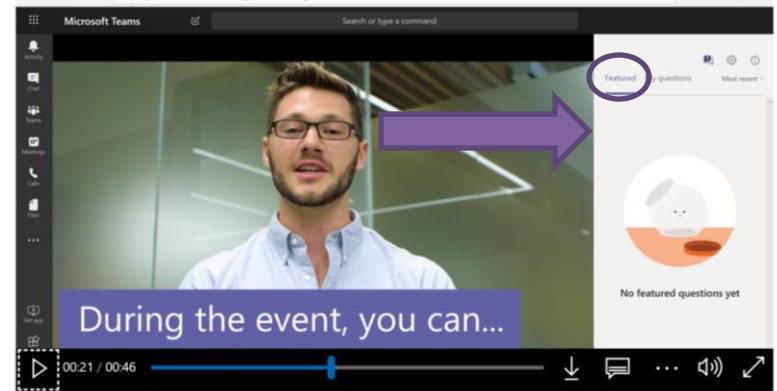
- Local positivity rates
- Recommendations from local health departments, ISDH and CDC
- Size & location of family gathering
- Individual's and roommate's health conditions
- Individual and family willingness to wear face coverings, practice good hand hygiene and practice social distancing to the extent possible
- Individual and family historical and current precautions and practices to prevent the spread of COVID-19 (face coverings, social distancing, etc.)





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Expires on December 31, 2020

- DDRS/BDDS will continue to evaluate need for extension and/or revisions
- Appendix K allows for flexibilities to be utilized **due to** the public health emergency
- HCBS Final Rule still exists and we should continue to aim at compliance.







# Electronic Visit Verification

**Deadline is January 1, 2021**

Providers may choose between two technology options

- Sandata: available to all personal care service providers at no cost. Meets federal requirements.
- Alternative EVV Solutions: providers may use any other vendors that has integrated in Indiana with the Sandata solution

For more information visit  
Indiana's Electronic Visit Verification website





# Upcoming Provider Webinars

Based upon your feedback and participation, the provider and case manager webinars will now occur *MONTHLY*

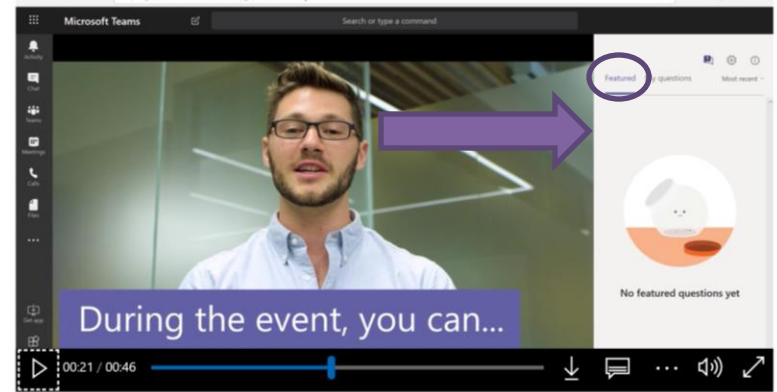
- You shared that updates in policy/procedure are the most helpful aspect
- Any official changes in policy/procedures will continue to be shared via DDRS announcements





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# Scenario – Carla

Carla is 33 years old has the CIH waiver and lives with three roommates. In addition to case management and RHS, Carla has day services and behavior management on her CCB. Since the closure of her day services during the pandemic, Carla's CCB was updated with additional RHS hours to support the additional hours she was spending at home. Carla continued to receive her BMAN services via tele-medicine until in person visits could resume.

Carla's roommates include Julie (45 yrs. old, no pre-existing medical conditions), Jamie (37 yrs. old, has chronic asthma) and Rachel (25 yrs. old, no pre-existing conditions). All four women get along well and have been keeping busy in their home during the pandemic. When the pandemic began, their RHS provider had developed policies that included considerations for visitations as well as mandatory steps for staff to take to prevent the spread of COVID-19 since earlier this year. Over the last several months, some policies had changed based upon the most current state mandates and guidance from DDRS/BDDS, ISDH and the CDC.



# Scenario – Carla

In response to concerns due to recent increases in cases, the provider has re-visited its visitor policy and recommendations for each individual and home to develop a plan that works for their specific circumstances. Currently, Carla and her roommates allow for in home visits, but they have limited it to two family members in the home at a time and that everyone has to follow social distancing guidelines and mask wearing requirements. In addition, Carla and her roommates have resumed in person services therefore Carla's BMAN provider is now coming into the home for their meetings.

With the holidays approaching Carla and her parents have been discussing how it would look this year. Typically, they have a big family gathering that includes aunts, uncles, cousins, and other extended family.

The provider was concerned as this could potentially lead to exposure of COVID. They asked the parents and Carla if they could have a team meeting to discuss the situation in further detail. After contacting Carla's case manager, they agreed to conduct a zoom meeting the follow week.



# Scenario – Carla

While facilitating the call the case manager opened the meeting by explaining the issue at hand. She explained that Carla and her family wished to have holidays together, but the provider had concerns over the gatherings.

The case manager inquired with the provider what their current corporate policy was on people going on home visits or prolonged visitation with family and if there were any exceptions. The provider stated that if someone is to go home on a visit or be out of their supported living site for an extended period of time, that they may not be able to return to their home for a minimum of two weeks. This is in order to ensure a person is not experiencing symptoms of COVID or risk transmission to the others in the home. While this has been noted within their corporate policy, locally, the provider is making decisions on a case-by-case basis based on individual circumstances and is willing to discuss the upcoming visit.



# Scenario – Carla

When it was time for Carla and her parents to speak, they expressed their frustrations that this policy was unfair and didn't feel like the provider was considering Carla's (or her roommates) needs or wants. The parents felt they could take proper precautions to ensure Carla wouldn't be exposed or expose someone else to COVID and the risk for her home was minimal. No one in Carla's family has had COVID-19 and they feel they take the appropriate precautions that are recommended. Carla's parents are willing to do whatever is needed to allow her to enjoy Thanksgiving and Christmas with the family. In addition, Carla's parents do not feel it would be in Carla's best interest to keep her away from her home and daily schedule just to remain at their house for an extra 14 days.

After listening to the concerns of all parties, the case manager asked everyone if they would be willing to produce a plan to address everyone's concerns. In order to accommodate Carla's wishes and the providers concerns, the team would discuss in detail ways to minimize exposure to Carla and others in his home to ensure everyone's safety. Everyone agreed they were comfortable with developing a plan.





As a result of this discussion, the team develop the following plan:

- Carla would be going home on Thanksgiving and Christmas as long as she and her roommates remained COVID free and were not under quarantine.
- Carla's parents will ensure she wears a mask while around others, washes her hands frequently, and practices social distancing to prevent exposure. Her parents agree they will take the same measures and encourage others to do so.
- Returning from Thanksgiving, Carla will have an assessment completed by the nurse prior to entering her home which will include a temperature check and symptom screening.
- Carla will have daily assessments for 14 days upon her return to ensure no symptoms are present.



# Scenario – Carla

- Carla has agreed to practice social distancing within her home until the 14 days have passed.
- Staff will take extra measures to sanitize the home during this time period.
- Carla's parents will notify the provider immediately if they present any symptoms or are notified of anyone they were in contact with presenting symptoms.
- If Carla should present any symptoms, she will self-quarantine to her bedroom while awaiting test results.
- Carla's roommates will decide if they are comfortable with the plan. They will be notified of when Carla's due to return and be supported by staff in taking preventative measures within the home.
- The team, including Carla and her family will check regularly and within three days of planned holiday gatherings for any new guidance or recommendations from the local health department, state health department and CDC

After much discussion, the team devised a plan that satisfied everyone.



# Scenario –Edward

Edward is a fifty-three-year-old man who receives supports through the CIH and lives with two roommates. Edward receives RHS hourly from Provider A, while his roommates receive RHS daily from Provider B. Edward has a community job which he has been at for several years. During the months of March through May, Edward was considered a non-essential employee and was not working. Since June, Edward has resumed his community job.

Recently, Edward was notified of a co-worker who tested positive for COVID- 19. Although Edward was not displaying any symptoms, as a precautionary measure, Edwards provider assisted him in getting tested. Not thinking Edward was at high risk for exposure, Provider A did not notify others in the home.



# Scenario –Edward

When notified of Edwards positive status, provider A contacted BDDS as they were concerned of a HIPAA violation of informing Provider B. The Service Coordinator explained that informing all the individuals in the home and Provider B of potential exposure and the need to begin quarantine measures was not considered a HIPAA violation. Provider A did not need to provide any personal information to Provider B but did have an obligation to notify all parties involved of the potential exposure.

Provider A then contacted Provider B as well as Edwards case manager to ensure proper notification of all parties. Upon notification, Provider B contacted the other roommates case managers. All teams of the individuals living in the home then worked together to ensure that anyone that had been in the home in the last 14 days has been notified.



Incident Reports will be filed for each individual in the home who test positive. In addition, any staff who test positive will be reported using BDDS Covid-19 Employee Reporting as required.

The BDDS Service Coordinator followed up with each individual's case manager, provider, and family to see how they are doing and if they have any additional needs for support. The Service Coordinator also shared resources such as the out of hospital mitigation strategies with the teams.



# Scenario –Edward

Using clear communication strategies to work together, Provider A and Provider B developed the following plan to ensure containment and preventative risk to others:

- All roommates would be tested
- All staff who have worked in the home for the past 7 days will be tested
- While awaiting testing results. Staff will be contained to only working in this home.
- Edward and his roommates would begin quarantine measures as outlined by each providers policy.
- Staff working within the home will not work in other locations until there is a negative test or the appropriate amount of time has passed to ensure non-transmission.
- All three men will have daily assessments for 14 days.
- Staff will take extra measures to sanitize the home during this time period.
- Roommates will practice social distancing within the home until the 14 days have passed.





- The Next BDDS Meeting for Case Managers and Providers is scheduled for **December 2nd** from 3:30 pm - 4:30 pm EDT
- Information on how to access the meeting will be sent via DDRS Announcement.
- BDDS / BQIS Questions:  
[BQIS.Help@fssa.in.gov](mailto:BQIS.Help@fssa.in.gov)

